

EXTENSION OF VOUCHER FUNDING APPLICATION

REQUEST FOR EDUCATION VOUCHER FUNDING

Submit to: Arizona Department of Education, Exceptional Child Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin # 24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

This form must be completed by the Home School District when a child placed by a State Placing Agency into a private residential facility for care, safety, or treatment reasons cannot be evaluated within 60 calendar days. Please complete all information below.

PLEASE PRINT:

NAME OF CHILD: _____ DOB: ____/____/____

Residential Facility: _____ Date of entry: ____/____/____

HOME SCHOOL DISTRICT: _____ Phone () _____

In accordance with *ARS 15-1183*, the home school district is requesting an extension of voucher funding for the above-named child because (check all that applies):

_____ 1. The Home School District has not yet obtained a surrogate parent. **Please attach documentation of your effort to obtain a surrogate parent.**

_____ 2. The child was unavailable for testing; e.g., AWOL. _____

_____ 3. Other: _____

Signature of Home School District Representative

Date

Home school district means the school district in which the person who has legal custody of the child resides. If the child is a ward of the state and a specific person does not have legal custody of the child, the home school district is the district that the child last attended or, if the child has not previously attended a public school in this state, the school district within which the child currently resides. Reference: ARS 15-761(10)

FOR ARIZONA DEPARTMENT OF EDUCATION USE ONLY

___ APPROVED Dates: ____/____/____ to ____/____/____ VOUCHER NUMBER: _____

___ NOT APPROVED Reason: _____

Arizona Department of Education Representative Date: ____/____/____